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| ­  | **EIPT ONLY Service Request** | Date:       |
| NC Department of Information TechnologyService DeliveryDIT Home Page Web Address: <https://it.nc.gov/>DIT Service Desk:(919)-754-6000 or 800-722-3946 | Upload this completed form to the DIT Service Now Portal: <https://ncgov.servicenowservices.com/sp_dit>\*\*\*Sign into the Service Now Portal using NCID credentials & attach this form to your request. | Requested Due Date:     Service Request Number **(DIT USE ONLY)**      |
| **Information requested below is REQUIRED in order to expedite processing.** |
| Requestor Name (mandatory):       | Requestor Telephone Number (mandatory): (     )      -      |
| Requestor E-mail (mandatory):       | Requestor Alternate Telephone Number: (     )      -      |
| Requested For (if different than above):       | Telephone Number: (     )      -      |
| 25 digit Department Code for Bill To Telephone Number(mandatory):                                     | Bill To Telephone Number (mandatory):(     )      -      | Floor (location):      | Room (location):      |
| Federal ID:      | Agency/Organization      | Division:      |
| Street Address: (Work Location):      | City/Town:      | Zip Code:      | County:      |
| **Add** | **Change** |
| Phone Type:       | Avaya      |       | Name Change: [ ]  Old Name:       |
| Model Number:      | New Name:       |
| One-X Agent (SIPVOIP1XAGT): [ ] Yes [ ] No  | Employee Separation: [ ] Yes [ ] No Phone: (     )      -      |
| ssign Telephone #: [ ] Yes [ ] No | Name:      |
| Use Existing/Vacant #: [ ] Yes [ ] No | Remove Station [ ] Yes [ ] No  | Make Vacant: [ ] Yes [ ] No  |
| (     )      -      | Remove One-X Agent: [ ] Yes [ ] No  |
| Add-on Module Required?       | Remove Agent [ ] Yes [ ] No Remove Supervisor [ ] Yes [ ] No  | Make Vacant: [ ] Yes [ ] No Make Vacant [ ] Yes [ ] No  |
| Configure phone after existing employee?  | **Move** |
|       | Physical Move: [ ] Yes [ ] No |
| Voicemail needed? [ ] Yes [ ] No | Old Location:       |
| Voicemail zero out extension:       | New Location:       |
| EC500: [ ] Yes [ ] No | Department Move: [ ] Yes [ ] No |
| Cell Phone Number: (     )      -      | Old 16-digit bill code:                        |
| International Long Distance [ ] Yes [ ] No  | New 16-digit bill code:                         |
| **Contact Center Services** |
| Agent (CCAGT): [ ] Yes [ ] No | Agent and CMS Supervisor (CCAGTSUPV): [ ] Yes [ ] No |
| Skills Needed:       | CMS Supervisor Only (CCSUPV): [ ] Yes [ ] No |
| Add/Remove from Agent group:       | Supervisor Name:       |
|  | Supervisor Phone: (     )      -       |
|  | Skills:       |
|  |
| EMC (CCEMCAGT): [ ] Yes [ ] No | Windows Login ID:       |
|  |
| TelStrat (Call Recording) [ ] Yes [ ] No | NCID for TelStrat:       |
| Email for TelStrat:       | Agent Name for TelStrat:       |
| Agent ID for TelStrat:       | Agent Phone # for TelStrat:       |
| **Describe the Service Request. Include attachment if necessary. Use only 1 installation site address per form.** |
|       |
|  |
| Budget Officer’s Signature (mandatory): | SOF [ ]  | Telephone: (     )      -      | Date:      |